



## Food Security Partner Convening Summary

Wednesday, May 11, 2022, from 1-2:30 PM

### Meeting Summary

- More than 70 people representing organizations that lead and support food security efforts contributed to the meeting. Staff from MDHHS facilitated the meeting and breakout sessions.
- Participants were provided an overview of the overarching Strategy and the priorities of its Food Security Focus Area. These priorities include supporting people made vulnerable to food insecurity, streamlining processes to improve access to food benefits, and aligning on key food security reforms.
- Participants were asked to join a breakout session most relevant to their work to discuss opportunities for improvement and alignment, as well as innovative ideas for each priority. These breakout sessions correlated with food security priorities and included: moving the conversation from emergent need to sustainability, identifying policy barriers, and collaboration relating to internal stakeholders, external stakeholders and the relationship between food and housing.
- Feedback from each breakout session was captured and compiled. Input will be synthesized and incorporated into the overarching Strategy.

### Discussions

In breakout sessions, participants learned more about specific programs related to each of the Food Security priorities. While considering the identified priority, participants were asked:

1. What are the gaps in current service?
2. Where are there areas for alignment (internal or across agencies)?
3. How can we better improve opportunities to meet people where they are?

Summaries from these discussions is below.

For questions or comments about the overall Social Determinants of Health Strategy, please contact [MDHHS-SDOH-PolicyandPlanning@michigan.gov](mailto:MDHHS-SDOH-PolicyandPlanning@michigan.gov).

## Breakout 1 – Moving the Conversation

*Description: Many areas in the state of Michigan suffer from a lack of reliable food sources, healthy food options, and culturally appropriate food choices. Much of the conversation surrounding these issues has revolved around emergent need, however, to create a more equitable and food stable Michigan, the conversation must be pushed forward. Prioritizing opportunities to streamline cross-enrollment processes; provide access to better, healthier, more robust food options; and engaging with internal and external stakeholders will help move the topic from emergent need to sustainability.*

### **What are the gaps in current service?**

- There is concern that the framework is in the service maximation lens. Food security efforts should consider the entire infrastructure, including production, processing, distribution, and consumption.
- To sustain efforts, we must have more payors, such as Medicaid Health Plans, in the conversation to discuss ways they can pay for health-related social needs, such as healthy food.
- Transportation is an issue for gaps in services as well as broadband, especially in rural communities.
- Seniors and single parents have issues with COLA raise, some seniors did not qualify for services due to the increase. One thing that could benefit is if MDHHS could get income level adjusted because seniors fell through the cracks that were originally eligible.
- Another gap is for feeding children during the summer months, especially in rural communities where it is not feasible to go to a school for free meals.
- There's a need for greater involvement with community health centers (FQHCs) that support this work since many residents are served by them.
- For migrant farmworkers, gaps in current services are related to workers having limited space for food when they travel and spoilage that occurs in transit. Food pantries are tremendous resource for these families.
- There are many existing pilots or programs in Michigan that support food sovereignty in communities; these programs need to be funded and expanded.

### **Where are areas for alignment (internal or across agencies)?**

- Supporting corporations by being able to purchase online can hurt local farms. SNAP is a huge source of funding for local farms. We should support purchasing from local farmers' market. Farmers' markets are an experience and online ordering can take away from the experience of purchasing fresh fruits and vegetables.
- Funds leaving our communities is a MAJOR concern. Let's keep the funds in our community.
- Support programs that support small scale farmers to grow compacity to get food into communities. Building sustainable food in communities with local farms with systems that the community choses.
- The SDOH Interagency workgroup is going to be connecting to other organizations in the state, such as MDARD, who focus more on the production side of food.

### How can we better improve opportunities to meet people where they are?

- Potentially use a prepaid card in the meantime while applying for service.
- Have services offer to pay for memberships to food bank models to support community level initiatives.
- Help put grocery stores in food deserts.
- 4 suggestions to support the entire food cycle:
  1. Loosen restriction in urban farming
  2. Incentives and expand new and beginning farmers
  3. Increase number of food processing systems in Michigan
  4. Incentivize local agriculture distribution

### Breakout 2 – Identifying Policy Barriers

*Description: To alleviate barriers our partners are facing; we must identify those barriers and work systematically to break them down. Promoting community lead organizations and engaging with community members to identify policy issues within MDHHS and other state partners so they can be eliminated, and more efficient work can be done.*

### What are the gaps in current service?

- Funding comes from federal funds with limitations on how money can be spent
- Can't receive reimbursements for home delivery for US skilled nursing facilities
- Advocating for COVID flexibilities: different kinds of food to meet different kinds of people where they are
  - Ex. Child Nutrition Waivers
  - Many are still tied to public health emergencies
  - Administrative flexibilities that were allowed that have been discontinued to "return to the norm" – don't leave any
  - Take advantage of all programs to allow programs to operate under full capacity, meet the maximum number of people
  - Administrative opportunities to offer that are not always used in the full scope to reach the most people with a wide variety of needs
  - Working toward making these flexibilities permanent
- Same issues around being able to use SNAP for food delivery
  - People were already experiencing limitations in accessing food
  - Smaller communities do not have the infrastructure to offer food delivery - gap
- We assume that we're looking at barriers for people who are within the public sector system
  - Many people that never expected to need social services have needed assistance
  - How do we address people who aren't within the system and could benefit?  
Either they don't realize they qualify, social stigma of asking for help

- How do we move upstream to connect people with additional benefits?
  - Ensuring services are something that people will seek out and access
- How are we connecting with people that are not enrolled but may be eligible for assistance?
  - Community Navigator Partners connect people to services that are available
  - Social media/radio/print ads – broad advertising to try to reach new members
  - Knowing where to go (wayfinding to resources)
  - Still need a more focused strategy to connect with the broader community – there’s a lot of room to grow
  - During the pandemic, when many people lost their jobs and health insurance, they enrolled in Medicaid – many are eligible for food assistance, but are not enrolled
- FQHCs have an opportunity to make this connection to resources
  - Leverage the system of food assistance and connect it to address specific health needs
  - Don’t have sustainable funding (just grants)
  - Ability for healthcare providers to provide connection to food with address disparities and improve health outcomes
- Sometimes, there are pitfalls where there are things to make food more accessible to all, but SNAP recipients are left behind
- Patients with a specific health need (diet-related chronic disease that they are at risk for or trying to mitigate) – incentive to purchase tailored food
  - Food prescription programs have shown promise in improving health outcomes
  - Need expansion and support from Medicaid and other partners
- HFHS Food Insecurity Screening of all patients – pilot in Wayne County with a food partner and united way – CIE
  - Patient who is found insecure will be contacted by a food security partner
  - Screening, but not getting people who want to enroll in the pilot
  - Looking into additional communities to try out the pilot
  - Healthcare is an important partner to connect people outside the system
- Online EBT is not dependent on the state of emergency, but was prioritized in response to the pandemic

**Where are areas for alignment (internal or across agencies)?**

- Reinstating collaborative meetings to increase coordination around food programming
- Collaborate with MDE
  - Pandemic EBT program
  - Exploring other opportunities for collaboration, particularly related to cross-enrollment
  - Expanding access to SNAP for college students
  - Promoting the MDE summer feeding program to MDHHS constituents

- Working together to create a collaborative food insecurity map for the state.
- Awareness around the programs
- If the internal processes don't match that (Ex. linguistic access), outreach is null/void

#### **Additional notes and feedback from the discussion:**

- [The SNAP Online Purchasing Pilot](#) was authorized in the 2014 Farm Bill and is not dependent on the Public Health Emergency to operate. USDA is allowed to conduct and evaluate pilots.
- Retailers in Michigan accepting SNAP Payments Online:
  - ALDI
  - Amazon
  - Earth Fare
  - Garden Fresh Market
  - Meijer
  - Sam's Club Scan and Go
  - Walmart
  - Wesco

#### Questions:

1. What does the coordination look like between DHHS & MDE? The barriers of state bureaucracy have an impact as well (i.e., no discussion of SFSP, CSFP, etc. in this meeting).
2. Are MIWorks! offices signed up as Community Navigators? That would be another option of reaching people who are recently laid-off and looking for work/signing up for unemployment
  - a. Yes, I know that many if not all. For example, I know that Capital Area Michigan Works is.

### **Breakout 3 – Collaboration – the Food and Housing Nexus**

*Description: Identifying opportunities for conversation, education, and collaboration between food security related areas within state government. Working to eliminate waste and inefficiencies while being more open to community leaders, groups, and members. Educating partners on the SDOH work and strategic Planning work being done in the collaboration between the Food and Housing priority areas.*

#### **What are the gaps in current service?**

- Once SDOH are identified food and housing basically go hand in hand. If you don't have housing, you don't have a safe place to store food.
- Housing is inclusive to neighborhood and safety.
- Unhoused or in transitional homes where does their food come from?

- Refugees or other population (homeless) that don't have housing established food needs to be prepared and supplied to them.

### **Where are areas for alignment (internal or across agencies)?**

- Food and housing should go together because healthcare needs could need these topics to align
- Affordability-All apartments don't come with appliances
- Dental issues could be associated with affordable housing and food
- Access to real-time information for snap
- Process improvement strategies
- Secure Mailing address to receive benefits
- Obama phones for access-still applicable (MDOC still offers)
- Cross enrollment work
- Public/ profit collaboration
- Double up food bucks
- Rx for health- food is medicine
- Food banks programs (food pharmacies, home deliveries, maternal food box program)- Michelle
- Sparrow maternal food box program included meeting with a nutritionist/educator
- National Kidney foundation partnership on food prep/ healthy eating classes

### **How can we better improve opportunities to meet people where they are?**

- Reexamine food benefits due to increase in food cost
- Infant formula shortage
- Important of the experience from clients' perspective – hearing from the people

### **Next steps:**

- Input from these breakout sessions will be thoroughly reviewed and incorporated into the overall strategy as it is refined.
- Input from this Partner Convening will be incorporated into the Food Security Summary Document for FY22. An updated version will be shared with stakeholders.
- Additional engagement opportunities will be available to provide input for the development of the innovative phase 2 Strategy. To stay updated with SDOH Strategy efforts, please subscribe to the [SDOH Newsletter](#).